

Data Users Survey

Center for Health and Environmental Statistics

Kansas Department of Health and Environment

1. Your Organization

____ 1 Hospital ____ 2 Health Dept ____ 3 Private Company ____ 4 Not-for-Profit ____ 5 City Government
____ 6 State Government ____ 7 Federal Government ____ 8 Church ____ 9 Professional Association
____ 10 Individual ____ 11 Foundation ____ 12 School ____ 13 University ____
____ 14 Other (please specify) _____

2. Your Position

____ 1 Administrator/Manager ____ 2 Legislator/Council Member ____ 3 Nurse ____ 4 Medical Doctor ____ 5 Planner
____ 6 Data Analysis Staff ____ 7 Epidemiologist ____ 8 Consultant ____ 9-Program Manager ____ 10 Program Staff
____ 10 Safety Officer ____ 11 Researcher ____ 12 Other (please specify) _____

3. CHES Products used/received/seen (*checking more than one is OK*):

____ 1 Annual Summary of Vital Statistics	____ 2 Teenage Pregnancy Summary
____ 3 Perinatal Casualty Report	____ 4 Kansas Health Statistics Newsletter
____ 5 Vital Statistics Wallet Card	____ 6 Occupational Injury/Illness Report
____ 7 Annual Census of Fatal Occupational Injuries	____ 8 Abortion Report
____ 9 Population Highlights	____ 10 Age Adjusted Death Rates
____ 11 Zip Code Level Reports	____ 12 Special Reports (ad hoc queries)
____ 13 Adequacy of Prenatal Care Index	____ 14 Health Occupations Data
____ 15 Hospital Data	____ 16 Mailing Labels
____ 17 Others (please specify) _____	

4. CHES products you would like to use, receive, or see (*more than one is OK*):

____ 1 Annual Summary of Vital Statistics	____ 2 Teenage Pregnancy Summary
____ 3 Perinatal Casualty Report	____ 4 Kansas Health Statistics Newsletter
____ 5 Vital Statistics Wallet Card	____ 6 Occupational Injury/Illness Report
____ 7 Annual Census of Fatal Occupational Injuries	____ 8 Abortion Report
____ 9 Population Highlights	____ 10 Age Adjusted Death Rates
____ 11 Zip Code Reports	____ 12 Special Reports (ad hoc queries)
____ 13 Adequacy of Prenatal Care Index	____ 14 Health Occupations Data
____ 15 Hospital Data	____ 16 Mailing Labels
____ 17 Others (please specify) _____	

5. Check all formats in which you are capable of using or receiving the Kansas information:

____ 1 CD-ROM ____ 2 Paper Copy ____ 3 Hardbound Book ____ 4 HTML (Internet) ____ 5 ascii text
____ 6 spreadsheet file ____ 7 diskette ____ 8 Electronic File Transfer ____ 9 Access from KDHE website
____ 10 Zip Disk ____ 11 Adobe Acrobat (PDF) ____ 12 Other (specify) _____

6. Check the format you would most prefer to receive the information:

____ 1 CD-ROM ____ 2 Paper Copy ____ 3 Hardbound Book ____ 4 HTML (Internet) ____ 5 ascii text
____ 6 spreadsheet file ____ 7 diskette ____ 8 Electronic File Transfer ____ 9 Access from KDHE web server
____ 10 Zip Disk ____ 11 Adobe Acrobat (PDF) ____ 12 Other (specify) _____

Please use the reverse side to provide any comments on health data issues not addressed above. Your thoughts and concerns are important to us. Thanks.

Return to: KDHE Office of Health Care Information, 900 SW Jackson, Room 904, Topeka, KS, 66612
Fax (785)-368-7118

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